

COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

**APPLICATION FOR LICENSE OR APPROVAL TO OPERATE A CHILD
PLACEMENT AGENCY**

(PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 28A, SECTION 9 - 16)

The undersigned hereby applies for a license or approval to operate the following child placement agency:

1. _____
Name of Child Placement Agency Facility Number

2. _____
Street Address of Agency City/Town Zip Code Telephone

3. _____
Mailing Address, if different E Mail Address

4. _____
Name and Title of Administrative Head

5. Check services to be provided: ☐ Family Foster Care ☐ Adoption
☐ Placement in Residential Care

6. _____
Complete Name of C. 180 Corporation

7. _____
Address of Main Office Street City/Town Zip Code Telephone

8. _____
Place of Incorporation Date of Incorporation

9. Are any out of state child caring related licenses held by the applicant? yes ____ no ____

If yes, please provide the following information for each license held by the applicant:

- a) name of licensee
- b) state/country issuing the license
- c) license number and type

10. Are out of state child caring related license applications in process? yes ____ no ____

If yes, please provide the following information for each license application:

- a) name of applicant
- b) state/country of application
- c) name, address and telephone number of state/country licensing authority
- d) status of any application

11. Has the applicant or its officers had administrative, civil or criminal action brought with respect to the provision of child care services during the five years prior to the date of application? yes ____ no ____

If yes, please provide the following information:

- a) name
- b) nature of proceedings
- c) caption, docket number, name and address of court or administrative body
- d) disposition

12. Does the applicant have fiduciary or administrative relationships to other child care agencies or independent contractors? yes ____ no ____

13. Has the applicant or its officers been the subject of state or federal investigations with respect to the provision of child care services during the five years prior to the date of application?
yes ____ no ____

If yes, please provide the following information:

- a) name of the person/agency investigated
- b) by which state and/or federal agency investigated
- c) nature of the investigation

14. If the program is contracted, name and address of contract administrator for funding

source: _____

15. The following individual is designated as the duly authorized agent of the licensee; has authority to commit the resources of the licensee for corrective actions required for licensure; and has authority to sign documents related to licensure:

name

address

16. All persons or corporations licensed by an agency of the Commonwealth must be in compliance with all laws of the Commonwealth relating to taxes, pursuant to M.G.L. Ch. 62C, Sec. 49A. **I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.**

Signature

Social Security Number of Federal Identification Number

Attach all documents required by 102 CMR 5.03(2) for provisional licensure and all documents required by 102 CMR 5.03(3) for regular licensure.

I hereby certify that all information given here is true to the best of my knowledge. Misrepresentation of any fact herein is a ground for revocation or suspension of a license to operate a Child Placement Agency.

Signature of Applicant _____

Title _____ Date _____